Permit No. _____ **Tax Folio No.** _____

NOTICE OF COMMENCEMENT: Collier County, Florida

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Property: Legal Description: _____

   Street Address (if available): _____

2. General description of improvement: _____

3. Owner/Lessee (if Lessee contracted for improvement):
   a. Name & Address: _____
   b. Interest in property: _____
   c. Name & Address of Fee Simple Title Holder (if other than owner listed above):

      _____

4. Contractor
   a. Name & Address: _____
   b. Phone Number: _____

5. Surety or payment bond (if applicable, a copy of the payment bond is attached):
   a. Name & Address: _____
   b. Phone number: _____ c. Amount of bond: _____

6. Lender for construction of improvement (if applicable):
   a. Name & Address: _____
   b. Phone Number: _____

7. Persons within the State of Florida designated by Owner upon whom notices/documents may be served per F.S. 713.13(1)(a)7:
   a. Name & Address: _____
   b. Phone Number: _____

8. In addition to Owner, Owner designates the following to receive a copy of Lienor's Notice per F.S. 713.13(1)(b):
   a. Name & Address: _____
   b. Phone Number: _____

9. Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): _____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

_____ _____

(Signature of Owner/Lessee, or Authorized Officer/Director/Partner/Manager) ***(Signatory's Printed Name and Title/Office)***

☐ **NOTARY PUBLIC -or-** ☐ **CRYSTAL K. KINZEL, CLERK OF THE CIRCUIT COURT & COMPTROLLER**

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____day of _____ 20_____ by _____, who is ☐ personally known or ☐ produced the following type of identification: _____.

_____

(Signature of Florida Notary -or- Deputy Clerk)

_____

(Print/Type/Stamp Commissioned Name of Notary -or Deputy Clerk)

Rev. 09/24/2025